



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH SERVICES

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Base Station Physicians' Committee (BSPC)

Ian Reilly, M.D., Chairperson

c/o Emergency Medical Services

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Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

BASE STATION PHYSICIANS' COMMITTEE MEETING

Minutes

Tuesday, January 18, 2011

Members Present

Buono, M.D., Colleen – UCSD BHMD
Dunford, M.D., Jim – City of SD Medical Dir.
Grad, M.D., Michele – Palomar BHMD
Howard, R.N., LuAnn – Scripps La Jolla
Linnik, M.D., Bill – Sharp Grossmont BHMD
Kramer, M.D., Mark – Sharp Memorial
Kusman, Travis – CPAC
Marugg, James – S.D. County Paramedics Association
Reilly, M.D., Ian- Scripps La Jolla BHMD
Sallee, M.D., Don – NMCSD
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Zahller, M.D., Steve – Scripps Mercy

County Staff Present

Haynes, M.D., Bruce
Smith, Susan
Stepanski, Barbara

Recorder

Janet I. Wolchko

Guests Present

Anderson, Marilyn – Vista Fire
Bennett, Don – Navy/EMS Rotation
Bourdon, Darlene – Scripps Mercy
Broyles, Linda – AMR/RCCP
Cavanaugh, Mary – Miramar Fire
Conover, William – Camp Pendleton Fire
Curnow, Robert – Mercy Air
Davis, M.D., Dan – Mercy Air
DeMers, Gerard – UCSD, EMS Fellow
Dotson, Melody - UCSD
Foehr, Rick – EMSTA College
Graydon, Cheryl – Palomar Medical Center
Healy, Marla – Sharp Memorial
Henninger, Lance – Navy/EMS Rotation
Hinton, Bill – Mercy Air
Hudnet, Carlene - SDMS
Idman-Gervais, R.N., Dianne – Sharp
Kahn, Chris - UCSD
Klingensmith, Todd – SD Co. Paramedic Association
Lindsey, Matt – North County Fire
Majerczak, R.N., Karen – Tri-City
Maxwell, Jonathan – Poway Fire
Murphy, Mary – CSA-17, Fire Department
Negas, Elezes – UCSD S.D. Rotator
Ninberg, Lori – Rady Children's Hospital
Ochs, Ginger – SD Fire Rescue
Quinn, R.N., Michele – Rady Children's Hospital
Rosenberg, R.N., Linda – Sharp Memorial
Sapida, R.N., Juliet – UCSD Med Ctr (for Melody Dotson)

Seabloom, R.N., Lynne – Oceanside Fire
Serra, John – UCSD
Smith, Mitch – San Marcos Fire
Stonecipher, R.N., Joanne – Southwestern College
Vogt, Rick – San Marcos Fire.

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Dr. Reilly called the meeting to order at 11:04 a.m.

Susan Smith introduced Joy Barrett who is a new QA Specialist with County EMS.

II. APPROVAL OF MINUTES

The November 16, 2010 minutes were approved.

III. MEDICAL DIRECTOR'S REPORT (Dr. Haynes)

Construction is starting at the County EMS facility. The entrance for the public, certification and meetings will be on Mission Gorge Road. Parking will be available across the street, in the lot on Glacier.

EMSA. During the state Emergency Medical Service Commission meeting on December 1, 2010, four EMS providers from San Diego received awards in recognition for noteworthy or exceptional acts of service. The San Diego Honorees were:

- Chris Olson, "Meritorious Service Medal" for 35 years of service and innovation in SD County.
- Paul Santos, Meritorious Service Medal for meritorious performance of rescue on April 1, 2010.
- Anne Marie Jensen, "Community Service Award" for providing dedicated community service in organizing EMS social networking.
- Kevin Ruitzel, "Community Service Award" for providing dedicated community service organizing public access defibrillation programs in San Diego County.

Nominations are now open for 2010. For more information go to the award website at <http://www.emsa.ca.gov/about/awards/default.asp>,

Paradise Valley Hospital was surveyed and approved to receive acute stroke patients as of December 24, 2010. We look forward to having them in the system.

Stroke patient IVs size. Stroke personnel mentioned during their last meeting that with the imaging done on acute stroke patients at hospitals, insertion of an 18 gauge IV needle is recommended, whenever possible. The larger gauge IV needle facilitates the administration of contrast for CT and other types of imaging studies.

UCSD LVAD Program. UCSD hospitals started a left ventricular assist device (LVAD) program similar to the one at Sharp Memorial Hospital. UC system patients that have problems with LVAD devices should be taken to Thornton Hospital in La Jolla, although

Hillcrest can also accept them if the patient need dictates. Patients may also be taken to Sharp Memorial emergently, if they cannot make it to one of the UC hospitals. At the last BSPC meeting there was a presentation from the Mechanical Support Coordinator for the Sharp LVAD program. An invitation will be given to the coordinator at UCSD to talk about their program. Dr. Dunford suggested that BSPC invite a representative from the company that makes the devices to speak at a BSPC meeting.

Alvarado hospital has been sold to Prime Healthcare. The hospital is undergoing changes but we do not anticipate any reduction in the services provided in the Emergency Department.

The Advanced EMT program has been approved. EMSTA has applied to provide an Advanced EMT class, has been approved and will begin the first training in the next few months. To employ an Advanced EMT an agency must apply to the County of San Diego, EMS for this service change. A priority of the program is to enhance services in rural or remote areas.

“Spice” Ingestions. There have been several cases in the County with the synthetic cannabis “Spice”. One of the departments recently reported cases with agitation and tachycardia. The Poison Center has reported a number of cases with hallucinations and “bad trips”, as well as with copious emesis. The treatment is as you would for other overdoses, including Midazolam for patients who meet the indications. Contact Susan Smith at EMS with any reported cases.

Influenza. The percent of ED visits for influenza-like illness at the monitored hospitals has gone up from 4 percent to 5 percent in the last reporting week. Most cases are untyped Type A and we are awaiting a reply to our query as to whether it is H1N1, which is included in the vaccine this year. Deaths due to pneumonia and respiratory disease are up slightly in the County in the last week. Vaccination for EMS personnel remains important both to maintain the workforce and to prevent transmission of the virus to patients. The Medical Society GERM Commission has a white paper out stating that healthcare workers should have mandatory vaccination programs.

Pertussis. Confirmed cases of pertussis in the county last year were 1,125. There were two infant deaths in the County due to pertussis last year. So far in 2011, there have been six cases of pertussis, the same as last year, compared to one case for January 2009. The Tdap vaccine is important for healthcare and EMS providers, as well as the public. Free pertussis vaccine is available at Northgate markets during January weekends from 10 am until 4 pm. A website with more information is in the most recent Medical Directors Update.

Norovirus. In December there were several outbreaks of norovirus reported, particularly in nursing homes.

Wound Botulism. Since September there were additional cases of wound botulism among black-tar heroin users. Have a heightened awareness as this can be life-threatening if missed and these patients are left in the field.

iQCS. Susan Smith reported that iQCS deployment has been moved up. Hardware and software requirements to access iQCS were distributed to all facilities and agencies. Facilities and agencies should make sure they have the requirements in place and systems are ready for deployment of iQCS by February 1, 2011. Contact Charles Hawkins at County EMS.

POLST. The State put together a committee to make a few changes to the POLST form. A notice will be sent out when the new version becomes official and is in effect. The form is being incorporated into the standardized assessment used in skilled nursing facilities. Changes for the nursing homes are only accepted by CMS twice a year on April 1st or October 1st. The POLST is a device that compliments the advanced directive of the patient to prolong or not to prolong the life, and allows patients to request alternative treatment choices.

CAC met and reviewed the second quarter data from last year. Door to balloon time continues to be good. The difference in times between patients where there has been activation in the field, non-activation from the field and walk-in patients has narrowed. On field activated patients the door to balloon time has gone from 66 minutes to 60 minutes, non-activated from the field went from 96 to 72 minutes and walk-in patients went from 86 to 75 minutes.

Dr. Haynes took the issue of resuscitated patients to the cardiologists. They agreed that the patient who has return of spontaneous circulation (ROSC) in the field and whose initial rhythm is ventricular fibrillation would be accepted by and transported to STEMI receiving centers. Three points discussed were revascularization, ICU care with potential for induced or therapeutic hypothermia, and prognostication for the patient that is being cooled. Hospitals were surveyed over the last few years about their approach to therapeutic hypothermia. The most recent survey was in September and October at the EMOC meeting which showed that STEMI centers were adopting therapeutic hypothermia protocol.

Discussion ensued on ventricular fibrillation (v-fib) data, resuscitation center facilities and redistribution of patients. Dr. Davis mentioned using the data collected from ROC and Dr. Dunford mentioned the CARES database on cooling treatment criteria and resuscitation centers. Dr. Haynes will run numbers on non v-fib patients to see if there is data on destinations. Dr. Davis will provide Dr. Haynes with numbers from the ROC database.

Bypass. Number of ALS transports and the number of patients bypassed were slightly up in December 2010. Total hours on bypass has gone up since September 2010. Avoiding offload delays remains important for the field providers.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

Hospitals are waiting for state contract approvals and deliverables.

Planning for the next statewide drill in May has begun. Ms. Rosenberg will provide more information when there are confirmed dates and scenarios.

V. ROC Update (Dr. Davis)

The ROC resuscitation conference will be on April 9, 2011 in San Diego at the Catamaran Hotel. Brochures will be out in a couple of weeks.

There is increasing effort to standardize training within ROC. Dr. Davis offered to bring information to the next BSPC meeting on regional training curriculum for resuscitation. There are several things coming together all at once, including ROC standardized training curriculum and the medical school building with a simulation facility that could be made

available to EMS for training. Dr. Davis suggested data from El Cajon on performance turn-around of CPR, the outcomes, and what they did to improve their outcomes should be added to the agenda for the next meeting. Dr. Davis also suggested that the topic should be an agenda item at the next meeting. Dr. Dunford mentioned to also add a presentation on the JEMS new software, which offers training modules to teach topics such as cardiophysiology or shock. The Undergraduate Dean from Medical School of Education and JEMS magazine are looking at military and corpsman training, border patrol medic training and simulation, and unified curriculum in the national registry.

VI. PARAMEDIC MANAGEMENT OF FETEL DISTRESS

No presentation. Add to future agenda.

VII. ITEMS FOR FUTURE DISCUSSION

ROUNDTABLE:

Dr. Dunford reported that at the National EMS positions meeting there was discussion on where EMS going in the 21st century in terms of healthcare and healthcare reform. There will be future discussions with hospitals on the National EMS Information System (NEMSIS) NEMSIS 3 is coming out soon and will enable EMS data to be imported into the hospitals. Currently it is going through the regulatory review process. Dr. Haynes added that the California version of NEMSIS is CEMSIS. CEMSIS is in compliance with the National version, NEMSIS.

Dr. Dunford reported the The San Diego Beacon grant is a \$15 million grant to create a health information exchange, to track cardio vascular disease, reduce unnecessary hospitalizations and to link hospital systems, clinic systems and the City of San Diego EMS system. The \$15 million grant will cover a three year time period. Principle investigator for the grant is Ted Chan M.D. the ED Chair at UCSD. The city and UCSD will interface to show the potential of what could happen and to demonstrate to other hospitals what is potentially possible with the exchange of information. Hospitals, the Navy, VA and Kaiser will be invited to witness a demonstration on what an information exchange within confidential boundaries can accomplish and what EMS can do in the future to helping hospitals save money and have more accountable care.

There was an award of \$1.5 million granted to Saint Vincent DePaul village to manage a population of 25 homeless and mentally ill persons that are considered the most expensive to take care of in San Diego. Hospitals, EMS and the homeless outreach team has been asked to comprise a list, to be shared in confidence, from their information and data of the 25 people in those categories who will be awarded housing for the next couple of years. Data will be measured to track the economic effect of housing on their lives and give them psychiatric and background care. With partnership of San Diego businesses, "Common Ground" surveyed the downtown San Diego community on who are at risk and who will receive housing first. Meetings will be held each month at the County with participation from State representatives such as Congressman Filner and Senator Boxer. In addition, VA is housing 75 veterans from downtown that were identified as vulnerable, and have required expensive treatment.

Dr. Linnik met with his respiratory department. They are uncomfortable with a defib STEMI save going straight to the cath lab with a Combitube. There appears to be a disconnect with

the use of Combitube and hospital respiratory therapists, the use of ventilators, how long to keep them on, and how stable are they. Dr. Linnik suggests a future topic for the group is how we can better work with the hospital respiratory therapists if the prehospital trend is towards more Combitubes. If other facilities have addressed this issue or there is data available it would be helpful to share.

VIII. NEXT MEETING/ADJOURNMENT

The next meeting will be February 15, 2011, 11:00 a.m. at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, California.

The meeting adjourned at 12:25 p.m.

Submitted by

Janet I. Wolchko,
Administrative Secretary
County EMS